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CONFIRMATION NO. 4452

SERIAL NUMBER 10/066,619	FILING OR 371(c) DATE 02/06/2002 RULE	CLASS 604	GROUP ART UNIT 3763	ATTORNEY DOCKET NO.	
APPLICANTS Felipe Negron, New York, NY; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 03/01/2002					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		STATE OR COUNTRY NY	SHEETS DRAWING 6	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 1
ADDRESS 20311					
TITLE MULTI-USE HYGIENIC CLEANSING DEVICE					
FILING FEE RECEIVED 735	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		